

PART B - FEE(S) TRANSMITTAL

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26338 7590 08/29/2006

MERLE W. RICHMAN, III
P.O. BOX 3333
LA JOLLA, CA 92038



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Ryan B. Saunders	(Depositor's name)
	(Signature)
11-29-2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/321,351 05/27/1999 SCOTT MCNEILL NU-027-PAP 6361

TITLE OF INVENTION: METHOD AND APPARATUS FOR CODING MODEM SIGNALS FOR TRANSMISSION OVER VOICE NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$700 \$0 \$0 \$700 11/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SHAH, CHIRAG G 2616 370-493000

12/05/2006 EHAILE2 00000000 09321351

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. 768.00 OP
30.00 OP
Schwegman, Lundberg,
2. 768.00 OP
30.00 OP
Woessner & Kluth, P.A.
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nuera Communications, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Diego, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 11/29/2006

Typed or printed name

Merle W. Richman

Registration No. 38,282

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